

PROB 12B
(7/93)

Report Date: May 2, 2011

United States District Court

for the

Eastern District of Washington

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**

(Probation Form 49, Waiver of Hearing is Attached)

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

MAY 02 2011

JAMES R. LARSEN, CLERK
DEPUTY
SPOKANE, WASHINGTON

Name of Offender: Katrina Michael Ruelas

Case Number: 2:10CR00103-001

Name of Sentencing Judicial Officer: The Honorable Wm. Fremming Nielsen, Senior U.S. District Judge

Date of Original Sentence: 1/5/2011

Type of Supervision: Probation

Original Offense: Unlawful Production of an
Identification Card, 18 U.S.C. § 1028(a)(1)

Date Supervision Commenced: 1/5/2011

Original Sentence: Probation - 60 Months

Date Supervision Expires: 1/4/2016

PETITIONING THE COURT

To modify the conditions of supervision as follows:

- 16 You shall complete a mental health evaluation and follow any treatment recommendations of the evaluating professional which do not require forced or psychotropic medication and/or inpatient confinement absent further order of the Court. You shall allow reciprocal release of information between the supervising officer and treatment provider. You shall contribute to the cost of treatment according to your ability to pay.

CAUSE

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: May 2, 2011

s/Ane L. Sauther

Anne L. Sauther
U.S. Probation Officer

Prob 12B

Re: Ruelas, Katrina Michael

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THE COURT ORDERS

- ☐ No Action
- ☐ The Extension of Supervision as Noted Above
- ☒ The Modification of Conditions as Noted Above
- ☐ Other



Signature of Judicial Officer



Date

United States District Court

Eastern District of Washington

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision


I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

To modify the conditions of supervision as follows:

- 19 You shall complete a mental health evaluation and follow any treatment recommendations of the evaluating professional which do not require forced or psychotropic medication and/or inpatient confinement absent further order of the Court. You shall allow reciprocal release of information between the supervising officer and treatment provider. You shall contribute to the cost of treatment according to your ability to pay.

Witness:


Anne L. Sauther
U.S. Probation Officer

Signed:


Katrina Michael Ruelas
Probationer or Supervised Releasee

4/29/11
Date